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AUTHOR	Comins, James L.; Krozek, Charles
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ABSTRACT

This 1999-2000 report addresses the objectives and impact of California's Health Care Delivery Initiative (HCDI), which is comprised of a network of Regional Health Occupations Resource Centers (RHORCs) and their community college and health care industry partners. The HCDI identifies needed workers, develops/modifies community college curricula, forms community college consortia to deliver programs, and secures resources to assure sufficient financial support for program implementation. Some of the seven objectives of the initiative are as follows: to provide technical assistance to community colleges in the areas of new program and curriculum development, curriculum revision, and faculty and staff development; and to market and disseminate information to the health care industry and community colleges in the region regarding available curricula, programs, services, training/educational opportunities, and RHORC services. The report identifies eight key areas of progress in meeting the objectives. Impact of the HCDI includes a 136% increase in training contact hours and a 255% increase in assistance contact hours. In addition, the RHORCs increased their service to incumbent workers by 59%. Key recommendations include improving the marketing of RHORCs and the initiative, and seeking additional funding outside economic development sources. (NB)

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California Community Colleges
Economic Development Program
Annual Initiative Report

Annual Initiative Review
Report of* Health Care Delivery *Initiative

Date: September 5, 2000

James L. Comins, Initiative Director
Charles Krozek, Initiative Co-chair

Reviewed By:

Barbara J. Whitney, Chancellor's Office

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Health Care Delivery Initiative
1999-2000 Annual Report

I. **Initiative Purpose:** The Mission of the Health Care Delivery Initiative is: *"Advancement of California's health care industry through quality education and services."* The Health Care Initiative, comprised of its network of Regional Health Occupations Resource Centers (RHORC's) and their community college and health care industry partners, identifies needed workers, develops/modifies community college curricula, forms community college consortia to deliver programs and secures resources, where necessary, to assure sufficient financial support for program implementation. Health care continues to be a sector of increasing need for well-trained workers as current workers retire and the demands of an aging population for health care services increase.

II. Initiative Objectives

A. Objectives

1. Develop and maintain partnerships that promote collaboration and leveraging of resources among government, the health care industry, and education providers.
2. Provide performance based consulting and training (including in-service training and work site experiences) to the health care industry, meeting specific identified needs for training and workforce development.
3. Provide technical assistance to community colleges in the areas of new program and curriculum development; curriculum revision; faculty and staff development; and others as needed in response to identified health care industry needs.
4. Coordinate regional activities and services related to identifying and meeting the training and staffing needs of the health care industry.
5. Market and disseminate information to the health care industry and community colleges in the region regarding available curricula, programs, services, training/educational opportunities, and RHORC services.
6. Participate in local, regional, and statewide economic and workforce development programs (i.e. Tech-Prep, articulation, and career ladder programs) that relate to the provision of services to the health care industry.
7. Utilize and promote technological advances and creative alternatives in the delivery of programs and services.

B. Progress toward meeting the objectives: The Health Care Initiative has made significant progress toward meeting its objectives for the year. New curricula targeting health care workers found to be in short supply, both regionally and across the State, have been developed and implemented. A curriculum for Critical Care Nurses was developed and implemented by the Orange County RHORC, and was replicated by the RHORC at Salinas in partnership with regional acute care hospitals. The San Diego/Imperial RHORC developed an Operating Room Nurse Specialty course, which is delivered via video-conferencing in partnership with Kaiser-Permanente San Diego and Scripps Hospital. In the LA Region the LA RHORC developed a Nursing Skills Update program at the request of regional State Developmentally Disabled Hospitals. It is being delivered via contract education at Mt. San Antonio Community College. A Pediatric Nursing Specialty curriculum was developed jointly for Children's LA Hospital by the Mt. San Antonio and Orange County RHORC's. The Interior Bay RHORC at City College of San Francisco developed a Health Care Interpreter Curriculum in partnership with Kaiser Permanente-Oakland. A grant from the California Endowment is underwriting the dissemination of this program to other interested community colleges. These are examples of Initiative activities in delivering Performance-Based Training, removing barriers to access to community college allied health programs, leveraging resources, and assisting the California health care industry to meet its needs for workers through innovative community college-based solutions.

C. Initiative Strengths: The strength of the Health Care Delivery Initiative lies in the network of RHORC's and their staffs. These centers and their staffs of knowledgeable health care professionals have a well-deserved reputation for effectiveness recognized by their industry and community college partners. They have established links with industry and regional community colleges to effectively determine needs and find solutions. Regionally identified needs can be explored and programs can be pilot-tested by the RHORC and its partners. Best practices and experiences can then be shared with the other RHORC's and their partners to respond to industry-identified needs across the State.

D. Systemic Barriers: The most significant barrier facing the Health Care Initiative is finding sufficient financial resources to meet the needs of the California health care industry. Health care providers in California are having a difficult time recouping money from payors, particularly Medicare and Medicaid, to sustain their services. Because of this, contract education projects for health care agencies are not a viable route for delivery of health care training programs. Health care educational programs are typically very expensive and labor-intensive to deliver. Because of the nature of the educational process required for health care education (low faculty/student ratios in clinical laboratories), community colleges also lack sufficient resources and incentives to expand their health education offerings. These two facts interfere with the ability of the Health Care Initiative to deliver educational programs to the health care industry. Although the RHORC's have been very effective in securing resources to support health education programs, additional identified needs exceed the financial resources of the RHORC's and their partners.

E. Initiative Weaknesses: Health care continues to be a unique sector of the California economy. Worker educational needs are specific and often require some type of certification and licensure. They frequently require very specific training and education requirements unique to the health care industry being served. Because of this specialized nature, opportunities for collaboration by the Health Initiative with other ED>Net Initiatives have not been commonplace. There are areas of logical cross-initiative collaboration. Such collaboration might include ESL/VESL training programs mutually developed between the Health Initiative and the Workplace Learning Initiative. Another subject for potential collaboration is in the area of management of bio-hazardous waste. Cross-initiative collaboration will be pursued by the Health Initiative as those opportunities present themselves from logical outgrowth of identified healthcare industry needs.

F. Emerging Opportunities: A statewide need assessment was conducted by the Health Initiative in 1999. The results of the survey indicated a general shortage of health care workers, a specific need for specialty trained nurses, an influx of new technology impacting health care workers, a need for "employer-focused" training and concern over the increased demands for health care services attendant to increase in the age of the population. In almost all employee categories, updates of curricula and/or new curricula are warranted. Health care is a dynamic and expanding area. New types of workers and changes in the skill sets required of workers are occurring at a pace that outstrips the capacity of the community college allied health programs to meet needs. It is obvious with the aging population that expansion of service providers for the geriatric population is mandatory. Again, the primary problem is one of financing development of new programs for nurse assistants. According to industry figures from the California Association of Health Facilities, 31,000 vacancies exist for Certified long-term Care Nursing Assistants.

Now that the RHORC's have become well established, opportunities for new health care programs/curricula development come in over the phone. The problem becomes one of establishing priority for service rather than locating groups in need of our services.

G. How could Initiative be sustained without categorical funding: As previously noted, the health care industry in California indicates that it is having financial difficulties providing service on the reimbursements it receives from insurers and governmental agencies. In this environment, contract education services are not a viable funding solution for the health care industry. Health care programs are expensive both to develop and to maintain. Health care training programs require clinical laboratory experiences in a health care setting with a low faculty/student ratio to maintain safety of the patients. This means that it is much less costly to provide education to transfer students than to those in health care. Community colleges respond to regional industry need for programs, but only up to a point. Beyond a certain level of service, the community college will not expand health care training programs because of their high costs.

The value of the Health Care Initiative is the ability to determine industry need, organize community college response, locate/leverage resources to develop curricula and assist the community colleges to institutionalize the resulting curricula. This brokering, consortia building service is valuable and helps the community colleges continue to meet the needs of the California health care industry. Without funds from the economic development program, the Initiative would cease to exist. Alternative funding for the Initiative might be found through an educational foundation such as the California Endowment, the Pew Foundation or the National Science Foundation.

H. If additional funds were available, how might they be used, and what improvements in products and/or services could be developed: Additional funding could be used for two purposes: 1) Fully funding each RHORC to $200,000 to allow for additional staff to service requests that come into each RHORC and also allow more dollars for developing services for regional requests for curriculum development; and 2) The RHORC Directors have indicated that a need for expansion of services by the development of auxiliary RHORC's would allow for greater response particularly in Southern California. The demands of the Los Angeles, Orange and San Diego regions outstrip the resources and staff time of the three RHORC's in the area. Additionally, the size of the Central Region and the North/Far North represent travel challenges to the RHORC Directors in those regions. Ideally, one full new RHORC in LA/Orange/San Diego region and two auxiliary RHORC's, one in the North and one in the Central Region would significantly expand the Initiative's ability to serve the needs of the California health care industry.

III. Statewide Impacts of the Initiative

A. Market Analysis: Products of the Health Initiative consist of credit and non-credit education and training programs based upon industry need. The RHORC's determine the need, develop community college consortia to work on solutions, and secure/leverage resources to support the activity. Regional programs can and are exported through the network of RHORC's across the state. Clients come from the California health care industry and are composed primarily of acute care institutions such as Kaiser-Permanente and regional acute care institutions. With some notable exceptions, namely, home care agencies in Santa Barbara, and State Psychiatric Hospitals and hospitals for the Developmentally Disabled in the Los Angeles area, most of our clients are larger acute care hospital systems. They have been the most active partners, and have resources to contribute to curriculum development. The RHORC's have not targeted the long-term care facilities, and with the exception of City College of San Francisco, they have not targeted community health centers. The latter two areas are not typical targets for the community colleges. Most home health/public health nursing has been serviced traditionally by baccalaureate institutions. The long-term care industry needs nursing assistants acutely, but resources and community college interest in providing these relatively low skilled and poorly compensated workers are lacking.

B. Market Penetration: The RHORC Directors recognize a need to market their services to business and industry, and steps to improve our RHORC marketing, both internally and externally, will be a major Health Initiative focus for the 2000-2001 fiscal year. However, marketing is a two- edged sword. Marketing to increase demand for services can backfire if the means to serve the increased demand is lacking. Reports from the RHORC Directors indicate increasing requests for services, as their reputation for success continues to grow. Along with more effective market penetration, streamlined service delivery models for product development and deployment will have to be developed.

C. Similar Organizations Services: No other similar network of regional Centers and partnering community college allied health programs exists within California. Determining needs, developing community college consortia, conducting job analyses and developing and implementing curricula for health workers are offered by no other comprehensive network of similar agencies. We have a competitor in the Certification of Nursing Assistants in the Red Cross. They are strong competitors in the statewide testing of nursing assistants, but that is only one aspect of our services. Regional Occupation Programs might offer similar services on a smaller scale, but do not begin to compare to the comprehensive network provided by the RHORC's and their community college partners. To my knowledge, no similar health related program exists within the State Universities or at the University of California. Possible competition may exist in proprietary schools, but their costs decrease their viability as competitors on a program by program basis, and their competitive necessities significantly reduce their ability to mount a coordinated regional effort to provide a repertoire of course offerings and programs such as those provided by the community colleges.

D. Non-Grant Funded Activities: Although previously stated as infrequent, Contract Education has provided some support for industry training. At Mt. San Antonio College, the RHORC developed a 24-hour Nursing Skills Upgrade for State Psychiatric Hospitals and Developmentally Disabled Hospitals delivered as contract education. The RHORC's have been particularly effective in securing Industry-Driven Regional Collaboratives and Job Development Incentive Grants, in addition to their RHORC grants, to implement new health care worker curricula e.g., the Medical Laboratory Technician Program at Hartnell, the Peri-operative Nursing Specialty program at San Diego and the Critical Care Curriculum project at Hartnell. City College of San Francisco secured funding for dissemination of a Health Care Interpreter Curriculum to community colleges from the California Endowment.

IV. Regional Impact and Coordination

A. How does Initiative Serve Regional Needs: Through the RHORC network the Initiative works with regional community colleges to develop and implement solutions for regional training needs. The RHORC's provide needs assessments and work with collaborating community colleges to develop programs such as the Critical Care Curriculum, the Health Care Interpreter Curriculum, the Peri-Operative Nursing Curriculum and the Medical Laboratory Technician Curriculum. These programs, pilot-tested at the community college hosting the RHORC, are exported to interested community colleges through the RHORC network. In the case of the Peri-operative Nursing Specialty and the Medical Laboratory Technician Program, these courses can be delivered by distance education with the partnering community colleges providing the laboratory instruction.

B. Identify how Statewide planning for the Initiative has taken place and how it has influenced the Regional Centers: The Statewide Health Occupations Advisory Committee meets three times per year to provide guidance to the RHORC's and the community colleges on health care worker needs. The RHORC Directors attend the meetings and hear directly from the SWHOAC regarding workforce needs in California. They can validate these Statewide needs via their own regional advisory committees and develop solutions locally which can be exported to other community colleges. As previously mentioned a needs analysis was conducted by the Statewide Health Occupations Advisory Committee (SWHOAC) in the 1998-99 fiscal year. The results of that study have formed a blueprint for guiding the operation and focus of the SWHOAC and the Health Initiative. Five sub-committees to meet the recommendations of the study were inaugurated. They include: 1) Enhanced Industry Technology; 2) Employee-Focused Skill Training; 3) Growing Multi-Cultural Population; 4) Community Health; and 5) Specialty Nurse Training. A sixth, Recruitment, was later added. Each of these sub-committees is lead by a RHORC Director. These areas of SWHOAC interest assist the RHORC's in guiding their activities as they work to meet statewide needs. In the case of Specialty Nurse Training, the SWHOAC indicated that a shortage of Critical Care Nurses was looming statewide. The North/Far North and the Orange County RHORC's convened a DACUM Job Analysis in Sacramento within a month of the SWHOAC committee. The Orange County RHORC developed a regional Critical Care Advisory committee and a committee of experts to revise existing curricula to include a clinical lab portion in the new Critical Care curriculum. The curriculum was written, given tentative approval at Saddleback College, delivered by Saddleback College (underwritten by Employment Training Panel funding) and successfully exported to Hartnell College. At Hartnell it was replicated, funded by an Industry Driven Regional Collaborative secured by the Central RHORC.

C. Describe how the Initiative Centers have provided Center activities and resources to the other colleges in the regions: See IV B above and also the City College of San Francisco Health Care Interpreter Curriculum project in III D above.

V. **Program Coordination:** As previously noted, the unique nature of the programs developed for industry needs in health care have not lent themselves to cross-initiative programs. This is an area in need of attention. Efforts toward increased collaboration with other ED>Net programs will be pursued. One area of collaboration is noted between the North/Far North and the Center of Excellence North. Recruiting is recognized as a high priority by the RHORC's to continue to meet industry need for workers. The COE-North was working collaboratively with the North/Far North RHORC to target community college counselors as a key group in recruiting efforts at the community college level. A survey instrument was developed to determine resources needed by counselors to provide information on health careers to their constituents. This project ran into technical difficulties during implementation, but will be readdressed in this fiscal year.

Data Review and Recommendations: Data for the Health Care Delivery Initiative is presented below and in the attached charts.

Health Care Delivery Initiative Aggregate Formative Data					
Contact Hours	**Year**	**Contact Hr. Tech Asst.**	**Contact Hr. Training**	**Total Contact Hours**	
	1998-1999	9,543	42,274		51,817
	1999-2000	33,918	99,800		133,718
	Net Increase	**24,375**	**57,526**		**81,901**
	% Increase	**255%**	**136%**		**158%**
Clients Served	**Year**	**Incumbent Workers**	**Faculty In-serviced**	**Students Served**	**Strategic Partnerships**
	1998-1999	4,985	394	6,398	33
	1999-2000	7,934	1,301	2,096	204
	Net Increase	**2,949**	**907**	**(4,302)**	**171**
	% Increase	**59%**	**230%**	**-67%**	**518%**

Review of the formative data from the Economic Development Electronic Database shows an expected and gratifying increase in the Technical Assistance Contact hours and the Training Contact Hours. Training Contact Hours increased 136% and Technical Assistance Contact Hours increased 255%. Total Contact Hours increased 158% over the previous year. This is consistent with a group of RHORC Directors becoming increasingly knowledgeable and familiar with their roles in Economic Development. These figures represent a maturing Initiative and reflect an increasingly effective group in finding the necessary partners and developing services to meet their needs. Clients served reinforce the perception of the maturation process in the Initiative. It is particularly noteworthy to see the reversal in the type of clients served. Note that in 1998 over 6,000 students were served, but in 1999 that number drops by 67%. At the same time, the RHORC's increase their services to incumbent workers by 59%. At the same time, the number of unduplicated strategic partnerships increases by over 500%. These data points illustrate the positive RHORC track record of building a reputation for service to industry clients. At the same time, the data on faculty inserviced reveal almost 2.5 times as many as during the previous year. Again, the numbers indicate the development of clientele of college partners who view the RHORC's as an important provider of faculty updates in the health care field.

The RHORC's will continue to see a rise in services delivered to incumbent workers, as they concentrate on retraining and specialty training for health care workers. This year, however, there are some projections of activities that may serve the needs of entry students. The LA RHORC is assisting in bringing a new ADN program online with industry partnership. Similarly, the San Diego/Imperial RHORC is assisting in the development of an ADN program in its region. These startups are an attempt to assist the community colleges to increase the production of registered nurses in California. These two identified projects will have a positive impact on the data regarding serving entry-level students. The number of strategic partners may not rise significantly this year because the number of health care providers of the size required to become involved in regional partnerships is limited, and many of the major providers are already clients. There is room for expected expansion of health care providers served in the northern region, particularly in the Sacramento metropolitan area. The North/Far North RHORC is establishing a Sacramento Metropolitan Advisory group to more effectively involve this region in health care training partnerships.

Key Recommendations: 1) Improve marketing of RHORC's and Initiative; 2) Continue to integrate activities of Statewide Health Occupations Advisory Committee with RHORC activities and projects; 3) Pursue Strategic Plan for SWHOAC with RHORC Director leadership roles; 4) Seek additional funding outside economic development sources (both industry and external grant sources).

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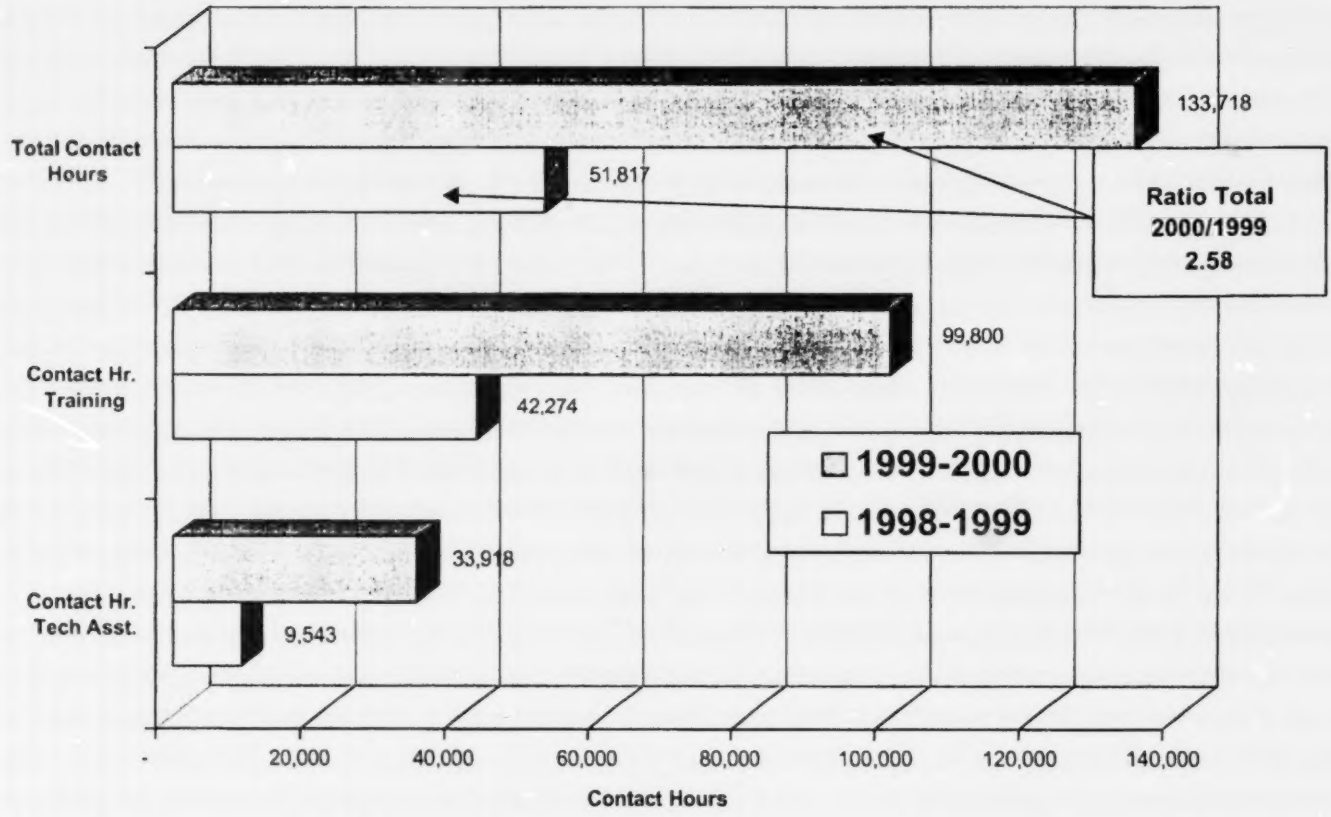
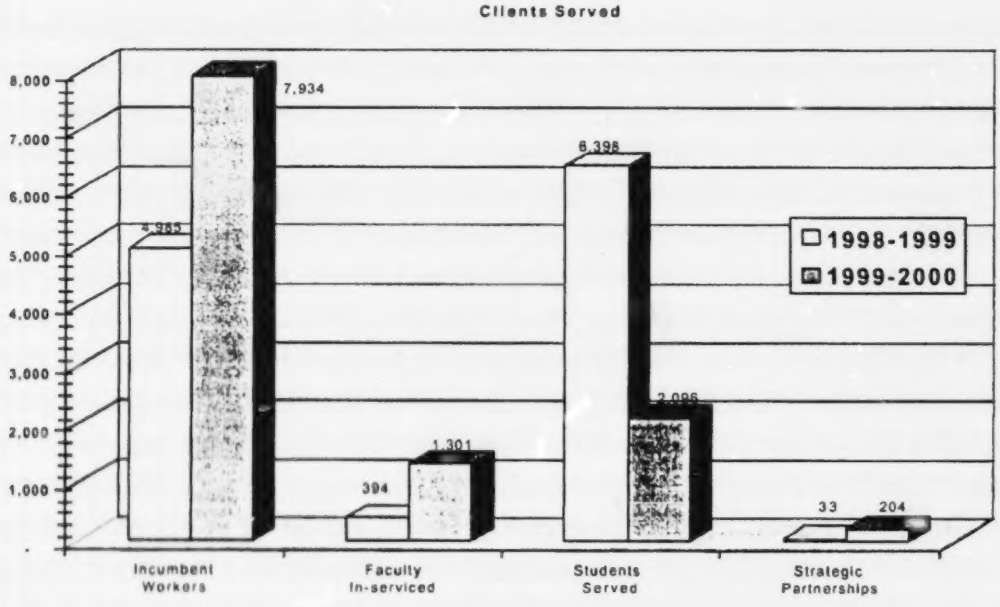
Health Care Contact Hours





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VI. Health Initiative Strategic Plan: As previously stated, the SWHOAC committee conducted a survey of the California health care industry and formulated recommendations for strategic focus for the Health Care Delivery Initiative. At the September 1999 meeting the recommendations of the survey were implemented by the Initiative in the form of six areas of strategic focus. They include 1) Enhanced Industry Technology; 2) Employee-Focused Skill Training; 3) Growing Multi-Cultural Population; 4) Community Health; 5) Specialty Nurse Training; and 6) Recruitment (added later in the year). A RHORC Director heads each of the strategic sub-committees. These sub-committees make up the framework for action by the SWHOAC and the Health Initiative. The inclusion of a RHORC Director as the sub-committee chair ensures the connection between the RHORC's and the SWHOAC providing a direct link between the committee and the RHORC's. The RHORC's and their partners become the effectors of the recommendations of the SWHOAC committee. It is this link between the Statewide Health Occupations Advisory Committee and the RHORC's which provides an effective mechanism for acting upon the recommendations of the SWHOAC and moving the Health Care Delivery Initiative forward. Continued development of a Strategic Plan for the Health Initiative will be a priority for this fiscal year.

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